in origin, although the cultures were negative, may quite probably have been the exciting agent causing the leukæmia in this case. He is inclined to believe that the leukæmia existed at the time of birth.

Thyroid Treatment.—A. MAGNUS LEVY (*Zeitschrift für klin. Med.*, Bd. 33, p. 258) gives the following conclusions from a series of investigations on this subject: 1. The loss of weight after the ingestion of thyroid is not due exclusively to loss of water and albumin, but in part, in some cases, to loss of fat. Thyroid causes, therefore, a genuine reduction of fat. 2. So far as this is due to increase of normal tissue-change it is moderate, except in myxœdema. Loss of weight amounting to five or more kilos in a few weeks is due to loss of water, albumin-breakdown, and loss of fat from (pathologically) increased muscular activity, or later, from diminished consumption of food after long-continued administration. 3. Increase of metabolism does not occur in all persons who take thyroid. It is most marked in myxœdema; is evident, but much less so, in many cases of obesity and in nervous women with masked Basedow's disease. Many fat but healthy persons show no elimination above normal. The causes of these differences are not clear; perhaps the qualitative and quantitative differences in the thyroid function come into play, besides other things. 4. The proteid deficit in thyroid feeding may continue even in case of superalimentation, and is, therefore, a specific, toxicogenic effect of the substance. It is most marked in the beginning of treatment, and can diminish in consequence of habit or for other reasons. In many individuals, it, like other effects of thyroid, may be absent. 5. Thyroidin shows effects on metabolism like those of the extract of the glands, but thyreotoxin and potassium iodide give no such results. 6. The great importance of the thyroid function in the life of the higher organisms is plainly shown on metabolism. Absence of this function causes (in cretinism, myxœdema, and cachexia thyreopriva) not only defective growth and serious bodily and psychic degeneration, but also a distinct decrease of gaseous interchange, of heat production, and of the total metabolism. The excessive and abnormal function causes (in Basedow's disease) increased metabolism and emaciation. Administration of the gland in such cases is followed by increased metabolism and improvement of symptoms. 7. The loss of fat and albumin in thyroid feeding shows a plain analogy with the same process in Basedow's disease, and is toxic when it reaches a high grade, as shown by the numerous unpleasant symptoms on the heart and nervous system, as well as by the effect on tissue-change. Thyroid preparations must, therefore, be used cautiously in the treatment of obesity. 8. The occurrence of constitutional obesity has not been demonstrated. Tissue-change in obese persons is the same as that in a normal person of the same size, weight, and musculature. Lessened tissue-change is not impossible for certain obese persons, and clinical experience suggests the possibility of great reduction of force-compensation in certain cases, but positive knowledge is lacking.

Capillary Thrombosis and Blood Cylinders.—LITTEN published some observations two years ago on the appearance of certain cylindrical bodies in the blood. He thought these were made up of blood-plates, and mentioned their occurrence in the blood of chlorotics, among others. BUTTERSACK now brings these bodies in relation with certain processes (*Zeitschrift für klin. Med.*, Bd. 33, p. 456), and although Litten in a recent article denies this, the suggestion is, nevertheless, interesting. Buttersack found the cylinders especially in chlorosis. He thinks they are formed in the capillaries, constituting thrombi, which can, however, be washed through into the distal blood by forcible currents. They do not, therefore, produce gross lesions, but rather disturbances of the finer nutritive processes. He explains some of the symptoms of chlorosis which have usually been ascribed to oligochromæmia, to such thrombi, but his chief reason, the disappearance of the symptoms under excitement, could as well apply to increased vascular turgor without previous thrombi. More interesting is the suggestion that gastric ulcers can be explained by such thrombi, not only as regards their origin, but also, what is more difficult to explain by former theories, their slow healing, which he looks on as an evidence of the alleged capillary thrombi. The author disclaims an intention of making the blood-cylinders pathognomonic of chlorosis.

Digestion-Leucocytosis and Cancer of the Stomach.—The claim of Schneyer (see abstract in THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, April, 1895), that the absence of digestion-lecocytosis is a diagnostic sign in cancer of the stomach, has been investigated by others with results that materially weaken the earlier claim. Recently A. HOFMANN (*Zeitschrift für klin. Med.*, Bd. 33, p. 460) and T. L. CHADBOURNE (*Berliner klin. Wochenschrift*, No. 2, 1898) have independently come to the conclusion that not only may digestion-leucocytosis be present in some cases of cancer, rare, it is true, but that it may be absent in a number of other gastric diseases. Chadbourne is no doubt right in thinking the examination may be of some assistance in obscure cases. He thinks the presence or absence depends on the condition of the gastric mucous membrane. Hofmann found no relation between digestion-leucocytosis and anacidity, either in cancer or other diseases, nor was cachexia a constant factor. Cancer as such has no effect, and he inclines to the belief that all organic changes in the digestive tract that affect absorption come into play.

Mixed Infection in Pulmonary Tuberculosis.—SCHABAD, working under the direction of Afanassiew, furnishes an important contribution to this subject, so closely connected with the active exploitation of specific remedies for tuberculosis at this time (*Zeitschrift für klin. Med.*, Bd. 33, p. 466). A full and competent review of the previous literature is given, though we miss a reference to the important work of Prudden on the influence of mixed infection in the exprimental production of cavities. The investigation proper included the clinical study of the cases, the bacteriological examination of sputum and blood during life, and of the organs post mortem. Much attention was given to the study of the streptococci of the mucous membranes. Failure to examine these fully led some of the earlier workers into error. In all thirty-one cases were examined clinically, and seventeen of these also post mortem. We must content ourselves here with the author's conclusions: 1. By mixed infection in tuberculosis should be understood cases in